*Fax Completed Order Blank to First Aid Bandage Company – (860) 442-8699*

*or
Scan and Send to CUSTOMERSERVICE@FABCO.NET*

|  |  |  |
| --- | --- | --- |
| **Sold to: (ID #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ )** | **Bill to: (ID #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ )** | **Ship to: (ID #:)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ )** |
| **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

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| **NewCustomerInformation** | **Acc'ts PayableContact:** | **Contact’s Phone #:****Contact’s Fax #:** |

|  |  |  |  |
| --- | --- | --- | --- |
| **Ordered By\*** | **Customer's PO #** | **Requested Date** | **Our Sales Order #** |
| **Tel #\*:** |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **ProductCode** | **Quantity** | **Description** | **UnitPrice** |
|  |  |  |  |
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|  |  |  |  |
|  | DROP SHIP Fee ($25.00) or,EXPEDITE Fee ($15.00) (if applicable) |  |
|  | EXPRESS SHIPPING Cost (If applicable) |  |

|  |  |
| --- | --- |
| Credit Card:  Visa  Master Card | ***\* Required Information for Credit Card Sales*** |

**Card Number\*:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ - \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ -\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ -\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Expiration Date\***: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **CSV Security Code\***: \_\_\_\_\_\_\_\_\_\_\_

**Name on Card\***: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Card Billing** Address\*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Card Billing** City & State\*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Card Billing** Zip Code\*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| Shipping Instructions:(Circle Desired Method of Shipping) | OVERNIGHT8 AM /Priority / Standard(Add Expedite and Shipping Charges) | EXPRESS2nd Day /3rd Day(Add Expedite and Shipping Charges) | GROUND(Free Shipping Charges within 48 Contiguous States) |
| Drop Ship Information(Add Drop Ship Fee) | Reference This P/O # on Packing List | Other |